RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Leesburg 1
700 South Lake Street
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2015 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964270** | **05/21/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **BROOKDALE LEESBURG 1** | **700 SOUTH LAKE STREET LEESBURG, FL 34748** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced Limited Nursing Service Monitoring Survey was conducted on , 2015. Brookdale Leesburg 1 had Licensure deficiencies found at the time of the visit.

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on observation, interview and facility policy review, the facility failed to dispose a medication after 30 days of being determined expired per manufacturers' recommendation in 1 of 2 sampled Residents (Resident #3).

Findings:

On at 10:21 AM the primary nurse was observed administering medications to Resident #3. She administered Diskus inhalation to Resident # 3. The nurse offered water and instructed resident to rinse mouth after the inhalation treatment.

Observation on at 10:26 AM revealed the Diskus Inhaler has a written date on the original box container with an open date of Pharmacy label instruction order reads to discard 30 days after opening pouch.

An interview was conducted with the primary Licensed Practical Nurse (LPN) on at 10:27 AM. She stated she dates the medication after it is opened. The nurse confirmed that the medication has passed the 30 days after the pouch has been opened.

A review of the facilities Medication and Treatment Storage Policy provided by the Health and Wellness Director (HWD) on at 10:34 AM has a revised date of Page 1 of 1 of the policy reads: Medications and treatments should be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer ' s instructions, State Regulations are to be followed.

A telephone interview was conducted with the Pharmacist that services the facility on at 2:35 PM. He stated the Diskus Inhaler loses its potency when used beyond the 30 days as recommended by the Manufacturer and the medication is no longer reliable if used beyond the manufacturers recommendation.

Class III